Situation Update #82- Coronavirus Disease 2019 (COVID-19) 
WHO Country Office for Nepal 

Reporting Date: 1 -7 November 2021(EPI Week 44)

HIGHLIGHTS (Data published in the MoHP Situation Report as of 07 November 2021 and same data published in EDCD Report as of 08 November 2021)

- Of the total RT-PCR confirmed COVID-19 cases, 97.7% (795,397) of cases have recovered, 0.9% (7,713) are active cases and 1.4% (11,448) are deaths.
- Among the total active cases, 92.4% (7,124) cases are in home isolation; 7.6% (589) of cases are undergoing hospital/institutional isolation. While 2.5% (197) of active cases require ICU admission, 24.8% (49) of the ICU admitted patients require ventilator support.
- Two districts reported more than 500 active cases.
- Among the total new cases (1,988) reported this week, 33.0% (656) are from Kathmandu district followed by Lalitpur district with 10.8% (214). Majority of the new cases about 47.8% (951) have been reported from Kathmandu Valley (Kathmandu, Lalitpur and Bhaktapur districts), Bagmati Province.

- COVID-19 vaccination coverage status (as of 07 October 2021,14:00Hrs)

<table>
<thead>
<tr>
<th></th>
<th>ChAdOx1-S*</th>
<th>Vero Cell</th>
<th>Johnson and Johnson Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>First dose</td>
<td>2,906,126</td>
<td>5,830,406</td>
<td>Single Dose : 1,543,497</td>
</tr>
<tr>
<td>Second dose</td>
<td>1,681,423</td>
<td>4,209,877</td>
<td></td>
</tr>
</tbody>
</table>

* COVISHIELD (manufactured by Serum Institute of India), Japanese-made COVID-19 AstraZeneca vaccine, Swedish AstraZeneca vaccine

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 7 November 2021, a total of 814,558 (18.3%) COVID-19 cases were confirmed through polymerase chain reaction (RT-PCR); 4,451,614 RT-PCR tests have been performed nationwide by designated functional COVID-19 laboratories. A total of 94,817 (13.9%) cases were confirmed through Antigen RDT; 679,637 Antigen RDT have been performed nationwide.
- There is an observed decrease in the number of tests conducted during Epi weeks 41 and 44 which coincides with local public holidays of Dashain and Tihar, respectively. Interpretation of epidemiological trend is to be done with caution until the number of tests conducted revert to pre-holiday volume.
- Since 9 May 2021, all 7 provinces in the country are experiencing community transmission.
- Province-wise RT-PCR test positivity rate in Epi Week 44 ranged from 0% (Karnali Province) to 23.7% (Sudurpashchim Province), with a national positivity rate at 6.4%.
• Overall, the sex-distribution remains skewed towards males, who constitute 59% (482,943/814,558) of the RT-PCR confirmed cases. Amongst the males, 78% (375,915/482,943) are in the economically productive age group (15-54 years).

National Influenza Surveillance
• National Public Health Laboratory (NPHL) reported 24 diagnostic and surveillance samples [2 samples tested at NIC and 22 samples tested at WARUN (Walter Reed/AFRIMS Research Unit-Nepal)] on Epi-week 44 (1-7 November 2021).
  ▪ Six samples tested positive for Influenza B.
  ▪ None of the samples tested positive for SARS-CoV-2 on the samples tested at NIC (this is exclusive of SARS-CoV-2 reporting of the Influenza samples from WARUN).
• Out of the total SARS-CoV-2 samples that tested negative at NPHL on Epi-week 44 (1-7 November 2021), 55 SARS-CoV-2 negative samples have been tested for Influenza for the same week.
  ▪ Three samples tested positive for Influenza B Victoria.
• From 4 January 7 November 2021:
  ▪ A total of 1081 samples tested positive for Influenza (603 Influenza A/H3, 216 Influenza B Victoria, 1 Co-Infection of Influenza A/H3 and Influenza B Victoria, 2 4 Co-Infection of Influenza A/H3 and Influenza B, 2 Co-Infection of SARS-CoV-2 and Influenza B Victoria, 2 Influenza A (H1N1) pdm09, 253 Influenza B Un-subtyped) from 5788 samples (Sentinel and non-sentinel samples including SARS-CoV-2 negative SARI and ILI cases).
  ▪ Similarly, 284 samples tested positive for SARS-CoV-2 from 1359 samples (Sentinel/non-sentinel ILI/SARI samples).\(^1\)

WHO SEAR countries: Number of COVID-19 confirmed cases and cumulative incidence rate (per 100,000). Link Here- https://covid19.who.int/

\(^1\) These positive cases are included in the COVID-19 database.
Figure 1: Laboratory confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N = 814558)(Data reported on 07 November 2021 up to 19:00:00)

At national level, the first wave of cases between July 2020 and February 2021 was followed by the second wave from the middle of March 2021. The total RT-PCR tests done in Nepal on 7 November 2021 was 1980 which is 90% less than the number tested during the peak in the beginning of May 2021.

Figure 2: Cumulative case count of laboratory-confirmed COVID-19 by (N = 814558)(Data reported on 07 November 2021 up to 19:00:00)
The cumulative case incidence has been increasing in Nepal since the first case confirmed on 23 January 2020. Cases have been largely reported from Bagmati Province followed by Province 1 and Lumbini Province.

Figure 3A1: RT-PCR confirmed COVID-19 cases in Province 1: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 07 November 2021 up to 19:00:00)

There were 323 new cases reported in the past week in Province 1. Since a peak in Week 20, new cases were continuously declining. The cases have decreased by 51% in the past week compared to the previous week. There were 5 deaths reported in the past week, same as that in the previous week. The test positivity rate in Province 1 increased to 17.5% in the past week. A total of 1657 tests were performed in the past week, 60% less than that of the previous week.
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Figure 3A2: RT-PCR confirmed COVID-19 cases in Province 2: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test positivity Rate (Data reported on 07 November 2021 up to 19:00:00)

There were 60 new cases reported in the past week in Province 2. Since a peak in Week 20, new cases were continuously declining. The cases have decreased by 44% in the past week compared to the previous week. There were 2 deaths reported in the past week, 100% more than that in the previous week. The test positivity rate in Province 2 increased to 7.1% in the past week. A total of 240 tests were performed in the past week, 61% less than that of the previous week.

Figure 3A3: RT-PCR confirmed COVID-19 cases in Bagmati Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test positivity Rate (Data reported on 07 November 2021 up to 19:00:00)
In Bagmati, 1105 new cases were reported in the past week. Since a peak in Week 19, new cases were continuously declining. The cases have decreased by 37% in the past week compared to the previous week. There were 19 deaths reported in the past week, 30% less than that in the previous week. The test positivity rate in Bagmati remained stable at 4.8% in the past week. A total of 27,073 tests were performed in the past week, 38% less than that of the previous week.

Figure 3A4: RT-PCR confirmed COVID-19 cases in Gandaki Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 07 November 2021 up to 19:00:00)

In Gandaki, 198 new cases were reported in the past week. Since a peak in Week 21, new cases were continuously declining. The cases have decreased by 56% in the past week compared to the previous week. There were 5 deaths reported in the past week, 38% less than that in the previous week. The test positivity rate in Gandaki decreased to 16.5% in the past week. A total of 702 tests were performed in the past week, 57% less than that of the previous week.
Lumbini reported 237 new cases in the past week. Since a peak in Week 19, new cases were continuously declining. The cases have decreased by 43% in the past week compared to the previous week. There were 8 deaths reported in the past week, 33% less than that in the previous week. The test positivity rate in Lumbini increased to 21.4% in the past week. A total of 961 tests were performed in the past week, 52% less than that of the previous week.

Figure 3A6: RT-PCR confirmed COVID-19 cases in Karnali Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 07 November 2021 up to 19:00:00)

Note: The first case developed symptoms on 3 Jan 2020 in China and was confirmed on 23 Jan 2020 (not shown here). Reference dates used in order of preference as available — Date onset/Date of sample collection/Date of confirmation.
In Karnali, 12 new cases were reported in the past week. Since a peak in Week 20, new cases were continuously declining. The cases have decreased by 48% in the past week compared to the previous week. There was 1 death reported in the past week, same as that in the previous week. The test positivity rate in Karnali decreased to 0% in the past week. No tests were performed in the past week, 100% less than that of the previous week.

In Sudurpashchim, 53 new cases were reported in the past week. Since a peak in Week 20, new cases were continuously declining. The cases have decreased by 47% in the past week compared to the previous week. There was 1 death reported in the past week, 80% less than that in the previous week. The test positivity rate in Sudurpashchim increased to 23.7% in the past week. A total of 207 tests were performed in the past week, 60% less than that in the previous week.
<table>
<thead>
<tr>
<th>Reporting Province</th>
<th>Total confirmed cumulative cases RTPCR Tests</th>
<th>Total Confirmed cumulative cases Antigen RDT test</th>
<th>Total confirmed cumulative cases</th>
<th>% of total confirmed cumulative cases</th>
<th>Transmission classification</th>
<th>Total confirmed cases in last 14 days Antigen RDT test</th>
<th>Total confirmed cases in last 14 days RT-PCR test</th>
<th>Total confirmed cases in last 14 days</th>
<th>% of total confirmed cumulative cases in last 14 days</th>
<th>Total Deaths in last 14 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province 1</td>
<td>110119</td>
<td>25638</td>
<td>135757</td>
<td>15.1</td>
<td>Community transmission</td>
<td>136</td>
<td>1061</td>
<td>1197</td>
<td>17.7</td>
<td>10</td>
</tr>
<tr>
<td>Province 2</td>
<td>46832</td>
<td>493</td>
<td>47325</td>
<td>5.3</td>
<td>Community transmission</td>
<td>1</td>
<td>183</td>
<td>184</td>
<td>2.7</td>
<td>3</td>
</tr>
<tr>
<td>Bagmati</td>
<td>416054</td>
<td>19931</td>
<td>435985</td>
<td>48.5</td>
<td>Community transmission</td>
<td>128</td>
<td>3162</td>
<td>3290</td>
<td>48.6</td>
<td>46</td>
</tr>
<tr>
<td>Gandaki</td>
<td>80610</td>
<td>16730</td>
<td>97340</td>
<td>10.8</td>
<td>Community transmission</td>
<td>82</td>
<td>710</td>
<td>792</td>
<td>11.7</td>
<td>13</td>
</tr>
<tr>
<td>Lumbini</td>
<td>99320</td>
<td>15541</td>
<td>114861</td>
<td>12.8</td>
<td>Community transmission</td>
<td>360</td>
<td>713</td>
<td>1073</td>
<td>15.9</td>
<td>20</td>
</tr>
<tr>
<td>Karnali</td>
<td>22647</td>
<td>3172</td>
<td>25819</td>
<td>2.9</td>
<td>Community transmission</td>
<td>9</td>
<td>41</td>
<td>50</td>
<td>0.7</td>
<td>2</td>
</tr>
<tr>
<td>Sudurpashchim</td>
<td>38976</td>
<td>2446</td>
<td>41422</td>
<td>4.6</td>
<td>Community transmission</td>
<td>25</td>
<td>154</td>
<td>179</td>
<td>2.6</td>
<td>6</td>
</tr>
<tr>
<td>National Total</td>
<td>814558</td>
<td>83951*</td>
<td>898509</td>
<td>100</td>
<td>Community transmission</td>
<td>741</td>
<td>6024</td>
<td>6765</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

*Total reported in HEOC Sitrep as of 31 October 94535; but IMU reported 83687

Notes:
1. The source for case data used in this update is from RT-PCR test positivity reported by laboratories from various locations across Nepal, as shared by HEOC Sitrep and IMU/IHIMS.
2. Case data is screened and cleaned by our data team for double entry, wrong entry and manual errors such as a city’s name in place of districts, district name in place of province, etc.
3. Whereas the test positivity rate is calculated based on the test positivity reported in Sitrep for RT-PCR which may or may not be scrutinized or cleaned the same way and mark the cases based on location of the laboratories rather than place of residence.
Overall, the sex-distribution remains skewed towards males. The incidence of cases is higher in the economically productive age group (15-54 years) for both males and females.

Table 2: Age Specific Case Fatality Ratio and Co-morbidity of Deaths in RT-PCR confirmed COVID-19 cases (N = 814558)(Data reported on 07 November 2021 up to 19:00:00)

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Total confirmed cases</th>
<th>Death (male)</th>
<th>Death (female)</th>
<th>Deaths with any known comorbid condition</th>
<th>Age specific case fatality ratio (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>7680</td>
<td>16</td>
<td>21</td>
<td>14</td>
<td>0.48</td>
</tr>
<tr>
<td>5-14</td>
<td>29941</td>
<td>13</td>
<td>7</td>
<td>10</td>
<td>0.07</td>
</tr>
<tr>
<td>15-24</td>
<td>123071</td>
<td>87</td>
<td>85</td>
<td>62</td>
<td>0.14</td>
</tr>
<tr>
<td>25-34</td>
<td>216941</td>
<td>367</td>
<td>257</td>
<td>139</td>
<td>0.29</td>
</tr>
<tr>
<td>35-44</td>
<td>168938</td>
<td>857</td>
<td>437</td>
<td>290</td>
<td>0.77</td>
</tr>
<tr>
<td>45-54</td>
<td>120757</td>
<td>1345</td>
<td>620</td>
<td>531</td>
<td>1.63</td>
</tr>
<tr>
<td>55-64</td>
<td>76809</td>
<td>1623</td>
<td>763</td>
<td>725</td>
<td>3.11</td>
</tr>
<tr>
<td>65-74</td>
<td>41252</td>
<td>1573</td>
<td>836</td>
<td>887</td>
<td>5.84</td>
</tr>
<tr>
<td>75-84</td>
<td>19239</td>
<td>1153</td>
<td>614</td>
<td>685</td>
<td>9.18</td>
</tr>
<tr>
<td>85+</td>
<td>5525</td>
<td>479</td>
<td>269</td>
<td>242</td>
<td>13.54</td>
</tr>
<tr>
<td>Unknown</td>
<td>4405</td>
<td>19</td>
<td>7</td>
<td>11</td>
<td>0.59</td>
</tr>
<tr>
<td>National</td>
<td>814558</td>
<td>7532</td>
<td>3916</td>
<td>3596</td>
<td>1.41</td>
</tr>
</tbody>
</table>

\[ \text{Case Fatality ratio (CFR in\%)} = \frac{\text{Number of deaths from disease}}{\text{Number of confirmed cases of disease}} \times 100 \]

COVID-19 positive lab result is temporarily associated with death; causal association under investigation.
A total of 11,448 deaths have been reported. Out of the total deaths, 7,532 (65.8%) were males and 3,916 (34.2%) were females. Amongst the deaths, 3,596 persons (31.4%) had at least one known comorbidity. Although the overall case fatality ratio (CFR) across all ages is less than 1%, it progressively increases with age beyond 65 years of age, ranging from 5.8% to 13.5%.

PREPAREDNESS AND RESPONSE

What are the Government of Nepal (GoN) & the Ministry of Health & Population (MoHP) doing?

• COVID-19 Vaccination Campaign Update (Link Here)
  o COVID-19 vaccination campaign is going simultaneously in all provinces for the first, and second doses of Covishield and Sinopharm to specific target group as specified by MoHP and as per National Deployment and Vaccination Plan.
  o Till now, Nepal has received 20,180,930 doses of COVID-19 vaccine from various sources.
  o Nepal reached the landmark of administering 15 million COVID-19 doses on 22 October 2021.
  o Nepal received 100,620 doses of Pfizer BioNTech vaccine from COVAX facility on 25 October, 2021.
  o Nepal received 201,600 doses of AstraZeneca vaccine from Maldives government on 31 October, 2021.
  o As of today, a total of 16,173,246 doses of COVID-19 vaccines (different types) have been safely administered.
  o Family Welfare Division has circulated vaccine specific interim guidance to all provincial, district and local levels for COVID-19 vaccination campaign.

• Government of Nepal is receiving medical equipment, supplies and health commodities from many countries and donor agencies. Within the reporting time frame, the following have provided logistics support:
  o The Government of China has provided 1.6 million doses of COVID-19 vaccine to the Government of Nepal on 3 November 2021.Link Here

What is the WHO Country Office for Nepal doing?

Laboratory Diagnosis

• WHO Nepal has been providing technical support to National Public Health Laboratory (NPHL) in the following activities:
  o Sample preparation for fifth round of SARS-CoV-2 real-time PCR assay proficiency panel to designated COVID-19 laboratories.
  o Conducting Consultative Meeting of Integrated Influenza & SARS-CoV-2 Sentinel Surveillance in Nepal on 2 November 2021 at Kathmandu. A total of 15 people participated in the meeting representing MoHP, NPHL, Epidemiology Disease Control Division, Central Veterinary Laboratory (CVL), FAO, WHO Nepal etc. The meeting was
held with the aim to finalize and take forward the Integrated influenza & SARS CoV-2 sentinel surveillance at sub-national level as per the inception meeting held on 27 - 28 October 2021.

**Technical Planning and Operations**

- WHO attended a meeting with Technical Working Group at Nursing and Social Security Division’s (NSSD) meeting hall for the finalization of "Pocket Book of IPC Measures for COVID-19 for health care setting" on 3 November 2021. The meeting was organized by NSSD and attended by officials from EDCD, NSSD, Curative Service Division (CSD), Infection Control Society and WHO Nepal. The final draft of the pocket booklet was finalized during the meeting and planned to conduct meeting among the expert before sending it for designing and endorsement.

- WHO Nepal attended a workshop entitled “3-Tier Training Module Development for Model One Stop Approach to Post COVID-19 and other Rehabilitation Conditions” at Dhulikhel on 1 - 2 November 2021. There were about 15 attendees from Dhulikhel hospital (clinical and rehabilitation experts), Limb care Nepal, Neo Health Clinic, Resource centre for Rehabilitation Development (RCRD) and WHO Nepal. The workshop was held to synthesize the modules developed by medical & multi-disciplinary rehab professionals. Draft training modules were presented and discussed.

- WHO Nepal attended a meeting with the director of COVID-19 Unified Central Hospital towards establishing disabled-friendly hospital on 1 November 2021. The purpose of this meeting was to "Access audit of Bir Hospital COVID-19 Facility (Surgical Block) followed by discussion on the findings and recommendations". The Report on priority structural changes/modifications and additions with cost estimation is to be submitted to the Director of COVID-19 Unified Central Hospital and the WHO by the Audit team.

- WHO Nepal has supported Management Division for the Health Care Waste Management (HCWM) assessment. The assessment is ongoing in 55 Government hospitals of 6 provinces with exception of Province 1 as the assessment has been completed out by EDPs – GIZ, HEcap and currently on implementation phase. The assessment in these 55 COVID-19 services providing hospitals started from 27 October 2021 whereby HCWM assessment has not been done before.

**Risk Communication and Community Engagement**

- WHO Nepal’s support to the National Health Education Information and Communication Center (NHEICC) continued this week by providing risk communication expertise through staff embedded at the NHEICC.

- Science in 5 videos translated, dubbed, and published:

<table>
<thead>
<tr>
<th>Episodes</th>
<th>Titles</th>
<th>Language</th>
<th>Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>58</td>
<td>Tuberculosis and COVID-19</td>
<td>Maithili</td>
<td>OneDrive (downloadable link); Facebook link; YouTube link</td>
</tr>
</tbody>
</table>

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57 Malaria Vaccine Maithili OneDrive (downloadable link); Facebook link; YouTube link

57 Malaria Vaccine Nepali OneDrive (downloadable link); Facebook link; YouTube link

- Science in 5 podcast series released on Soundcloud (link here) with details below:

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>COVID-19 vaccines, the nature of the virus, and public gatherings.</td>
<td>Nepali</td>
<td>The news was shared via Facebook (link here) and Twitter (link here (English); link here (Nepali)). The teaser was also shared via Facebook (link here).</td>
</tr>
</tbody>
</table>

- A message by the WHO Representative to Nepal on following all public health and safety measures during the festivals was shared via Facebook (link here) and Twitter (link here).
- A video on responsible celebration of festivals, and avoiding unhealthy activities such as smoking, was shared via Facebook (link here) and Twitter (link here).
- The news of WHO granting emergency use listing (EUL) to COVAXIN® (developed by Bharat Biotech), adding to a growing portfolio of vaccines validated by WHO for the prevention of COVID-19, was shared via Facebook (link here).
- A message by popular Nepali singer, Ani Choying Drolma, encouraging the public to follow all public health and safety measures while celebrating festivals was shared via Facebook (link here) and Twitter (link here).
- The following documents were uploaded on ReliefWeb (link here):
  I. Daily Focused COVID-19 Media Monitoring,
  II. Weekly COVID-19 EPI Dashboard, and
  III. The latest Weekly WHO Nepal COVID-19 Situation Update.
- IEC materials on the following topics were shared via WHO, Country Office for Nepal, social media:
  I. Importance of public health and social measures against COVID-19 during festivals, and
  II. Vaccine Equity.

What are the health clusters partners doing?
- Provincial Ministries for health and Provincial Health Directorate Offices are organizing Provincial Health Cluster Coordination meeting for COVID-19 response, as and when required.
- UNICEF and WHO are providing following support for COVID-19 vaccination campaign in close coordination with External Development Partners (EDPs).
  o Micro planning including financing for the procurement of vaccination
  o Training/orientations – To health personnel at various level, local governments
o Logistics – Vehicle, cold chain boxes, delivery of vaccines, transportation of beneficiaries to the vaccination site
o Information Technology – Registration, information communication, data management
o Risk communication and community engagement – Production and dissemination of messages, public awareness campaign
o Technical Assistance
  • All members of the Health Cluster are advocating swift supply of vaccines to Nepal through available channels.
  • Health partners are continuing their technical, operational, and logistics support for COVID responses to health-related offices and institutions throughout the country.
  • WHO Nepal has been supporting health cluster lead in 3W mapping of health partners’ support and is disseminated from Health Emergency Operation Center’s website (https://heoc.mohp.gov.np/update-on-novel-corona-virus-covid-19/).
  • COVID-19 consultation is being provided continuously by specialist teams through telemedicine services.

WHO’s STRATEGIC OBJECTIVES FOR COVID-19 RESPONSE- link here
RECOMMENDATION AND ADVICE FOR THE PUBLIC
  – Protect yourself
  – Questions and answers
  – Travel advice
  – EPI-WIN: tailored information for individuals, organizations and communities

USEFUL LINKS
  ▪ MoHP COVID-19 official portal is available here.
  ▪ Nepal COVID-19 regular updates and resources are available here.
  ▪ For COVID-19 updates from the WHO South-East Asia Region Office, please visit here.
  ▪ For information regarding coronavirus disease (COVID-19) Pandemic from WHO, please visit here.
  ▪ Please visit this site for all technical guidance from WHO.
  ▪ Online courses on COVID-19 from WHO can be found here.
  ▪ WHO Coronavirus (COVID-19) Dashboard can be found here.
  ▪ Visit the WHO Nepal Facebook page and webpage on COVID-19 here.
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